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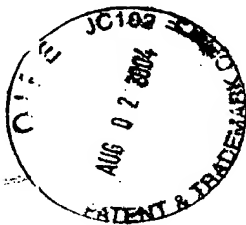
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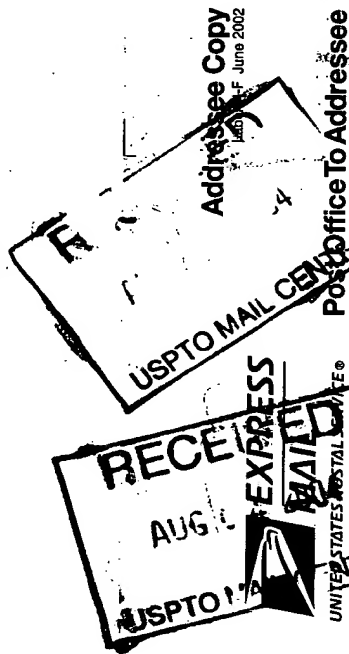
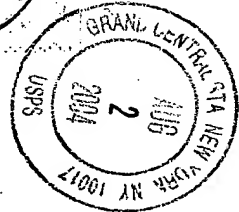
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ORIGIN (POSTAL USE ONLY)		DELIVERY (POSTAL USE ONLY)	
PO ZIP Code	Day of Delivery	Delivery Attempt	Employee Signature
10007	<input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Mo. Day Time	Mo. Day Time
Date in	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Delivery Attempt	Employee Signature
081014	<input type="checkbox"/> Military	Mo. Day Time	Mo. Day Time
Mo. Day Year	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Delivery Date	Delivery Date
081014	<input type="checkbox"/> Int'l Alpha Country Code	Mo. Day Time	Mo. Day Time
PM	<input type="checkbox"/> Return Receipt Fee	Mo. Day Time	Mo. Day Time
0505	<input type="checkbox"/> Insurance Fee	Mo. Day Time	Mo. Day Time
PM	<input type="checkbox"/> COD Fee	Mo. Day Time	Mo. Day Time
35	<input type="checkbox"/> Total Postage & Fees	Mo. Day Time	Mo. Day Time
ozs.	<input type="checkbox"/> Acceptance Clerk Initials	Mo. Day Time	Mo. Day Time
lbs.	<input type="checkbox"/> No Delivery	Mo. Day Time	Mo. Day Time
Weight	<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Mo. Day Time	Mo. Day Time
Weight	<input type="checkbox"/> CUSTOMER USE ONLY	Mo. Day Time	Mo. Day Time
Weight	<input type="checkbox"/> METHOD OF PAYMENT	Mo. Day Time	Mo. Day Time
Weight	<input type="checkbox"/> Express Mail Corporate Act. No.	Mo. Day Time	Mo. Day Time
Weight	<input type="checkbox"/> Federal Agency Act. No. or Postal Service Act. No.	Mo. Day Time	Mo. Day Time

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